04/20/2010 12:56

Image# 10990605077

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For	Other Than An A	uthorized Comi	mittee	Of	ffice Use Only
NAME OF COMMITTEE (in full)		FEC MAILING LABEI	Example:If ty over the line			
TENET HEALTHCAF	RE CORPOR	ATION POLITICAL AC	CTION COMMITTEE	<b>≣</b>		
ADDRESS (number and str	eet)   St	uite 1400				
Check if differen than previously reported. (ACC)		allas			LTX L	75202 - 2703
2. FEC IDENTIFICATION	N NUMBER	₩	CITY A		STATE	ZIPCODE 🛕
C00119354	• • •	3.	IS THIS REPORT	NEW (N) OR	AMEN (A)	IDED
4. TYPE OF REPOR (Choose One)  (a) Quarterly Report	,	Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (M5)	Aug 20 Sep 20	Year Only)
April 15 Quarterly R			Apr 20 (M4)	Jul 20 (M7)	Oct 20 (	(M10) Jan 31 (YE)
July 15 Quarterly R October 15 Quarterly R		(c) 12-Day PRE-Election Report for the:	Primary	(12P) tion (12C)	General (120	
January 31 Quarterly R	eport(YE)	Elec	ction on			in the State of
July 31 Mid Report(Non Year Only)	-election	(d) 30-Day  Post -Election Report for the:		(30G)	Runoff (30R)	) Special (30S)
Termination (TER)	Report	·	ction on			in the State of
5. Covering Period	03	01 2010	throu	ugh 03	31 2	010
I certify that I have examine Type or Print Name of Treat		and to the best of my odd Plott	knowledge and belie	f it is true, correct	and complete.	
Signature of Treasurer	Electronically	Filed by Todd Plott		1	Date 0 4	20 2010
NOTE : Submission of fals	se, erroneous,	, or incomplete informa	tion may subject the	person signing th	is Report to the per	nalties of 2 U.S.C 437g.
Office Use						FEC FORM 3X

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/31

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

F	Report Covering the Period: From:	0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1 2010 Y Y Y		62272.29
	(b) Cash on Hand at Begining of Reporting Period	78502.29	
	(c) Total Receipts (from Line 19)	18759.60	37839.60
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	97261.89	100111.89
7.	Total Disbursements (from Line 31)	12250.00	15100.00
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	85011.89	85011.89
9.	Debts and Obligations owed TO		
	the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	X This Committee has qualified as a multicandidate	ate committee. (see FEC FORM 1M)	

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 31

2 0 1 0

Write or Type Committee Name

TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M M M O 3

D D D O 1

Y Y W Y

Z O 1 O

To:

M M M O 3

D D D O 3

1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees  (i) Itemized (use Schedule A)	15549.00	22229.00
(ii) Unitemized	3210.60	15610.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)	18759.60	37839.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	18759.60	37839.60
Transfers From Affiliated/Other     Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received      Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	18759.60	37839.60
Total Federal Receipts     (subtract Line 18(c) from Line 19)	18759.60	37839.60

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4/31

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures		0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
:2.	Transfers to Affiliated/Other Party	0.00	0.00
:3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	12250.00	13250.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contribution Refunds	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	1850.00
J.	Citici Dispursements		
0.	Federal Election Activity (2 U.S.C 431(20))  (a) Shared Federal Election Activity		
	(a) Snared Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12250.00	15100.00
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	12250.00	15100.00

### **DETAILED SUMMARY PAGE**

of Disbursements

5 / 31 FEC Form 3X (Rev. 02/2003)

III. Net Contributions Expenditures		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other the from Line 11(d), page 3)	,	18759.60	37839.60
4. Total Contribution Refunds (from Line 28(d))		0.00	0.00
<ol><li>Net Contributions (other that (subtract Line 34 from Line)</li></ol>		18759.60	37839.60
6. Total Federal Operating Exp (add Line 21(a)(i) and Line 2		0.00	0.00
7. Offsets to Operating Expen (from Line 15, page 3)		0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line		0.00	0.00

FE6AN026

	OULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 31 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for comm	ation copied from such Reports and S nercial purposes, other than using the OF COMMITTEE (In Full) T HEALTHCARE CORPORATION	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
TREVO Mailing City DALLA	number of contributing	State TX	Zip Code 75205-2807	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of TENET ION Receipt	f Employer HEALTHCARE CORPORAT- For: rimary General ther (specify)	Occupation CEO AN	n D PRESIDENT e Year-to-Date ▼	]
DENNIS	me (Last, First, Middle Initial)  MCGUFFIE  Address 3504 CALECHE CT	1		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 31544134
PLAN	)	TX	75023-5820	Amount of Each Receipt this Period
	number of contributing political committee.	C		500.00
ION	f Employer HEALTHCARE CORPORAT-	Occupation VP	n	
	For: rimary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
	me (Last, First, Middle Initial) EE SOWLE			Date of Receipt
Mailing	Address 17 MISSION CT			03 30 7 2010
City	LIO MIDAGE	State	Zip Code	Transaction ID: 31544135
FEC ID	HO MIRAGE  number of contributing political committee.	CA	92270-1309	Amount of Each Receipt this Period 500.00
<u>CENTE</u>		Occupation CEO	_	
	For: rimary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
oup.	<b>AL</b> of Receipts This Page (optional)	1		6000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/31 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personante name and address of any political committee to TION POLITICAL ACTION COMMITTEE	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) STEPHANIE S SHERMAN Mailing Address 10481 MATEO COU  City BOCA RATON  FEC ID number of contributing federal political committee.  Name of Employer WEST BOCA MEDICAL CENTER	State Zip Code FL 33498-6733  C Occupation DIR	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: 31544137  Amount of Each Receipt this Period  250.00
Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 250.00	
RUTH P SCHWARZKOPF  Mailing Address 100 GREENBRIER		Date of Receipt    M
City	State Zip Code FL 33462-1026	Transaction ID: 31544140
ATLANTIS  FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00
Name of Employer WEST BOCA MEDICAL CENTER  Receipt For:  Primary General  Other (specify) ▼	Occupation CNO  Aggregate Year-to-Date   250.00	
Full Name (Last, First, Middle Initial) JENNIFER A MASON Mailing Address 5411 NE 22 AVE		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 31544142
FORT LAUDERDALE	FL 33308-3224	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer WEST BOCA MEDICAL CENTER	Occupation COMPLIANCE OFFICER	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		750.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 31
IT.	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)       X     11a     11b     11c     12       13     14     15     16     17
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements mage	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  TENET HEALTHCARE CORPORATI	ON POLITIC	AL ACTION COMMITTEE	
∠ <b>\</b> .	Full Name (Last, First, Middle Initial) JEFF ELLER			Date of Receipt
	Mailing Address 98 SAN JACINTO BL SUITE 1200			03 / 01 / Y Y Y Y
	City	State	Zip Code	Transaction ID: 31544165
	AUSTIN	TX	78701-4299	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio COMMU	n NICATIONS EXECUTIVE	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1000.00	
 3.	Full Name (Last, First, Middle Initial) MARK E PEACOCK			Date of Receipt
	Mailing Address 1120 CHESTERTON	DR		03 / 23 / 2010
	City	State	Zip Code	Transaction ID: 31544168
	RICHARDSON	TX	75080-2919	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio VP	n	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 550.00	
	Full Name (Last, First, Middle Initial) RUTH STEWART			Date of Receipt
-	Mailing Address 20089 WEST KEY DI	RIVE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 31544169
	BOCA RATON	FL	33498-4541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer PALM BEACH GARDENS MEDICAL CENTER	Occupatio COO	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
[s	SUBTOTAL of Receipts This Page (optional)			1750.00
$\vdash$	221.27.12 of the optional)			

TOTAL This Period (last page this line number only) .....

,	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/31
1	TEMIZED RECEIPTS		for each category of the	(check only one)
	IT LIVIIZED RECEIP 13		Detailed Summary Page	X   11a   11b   11c   12
Г				13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	TENET HEALTHCARE CORPORATION	N POLITIC	AL ACTION COMMITTEE	
Α.	Full Name (Last, First, Middle Initial) DAVID KATZIN			Date of Receipt
	Mailing Address 3080 CANTERBERRY	DRIVE		03 23 2010
	City	State	Zip Code	Transaction ID: 31544170
	BOCA RATON	FL	33434-3348	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation	on IAL CMO	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		<del></del>	1
	Other (specify) ▼	0 0	250.00	
- В.	Full Name (Last, First, Middle Initial) MICHAEL J BIERMAN			Date of Receipt
	Mailing Address 18 CENTER CT			03 23 2010
	City	State	Zip Code	Transaction ID: 31544173
	<u>HEATH</u>	TX	75032-5999	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP	on	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
С. С.	Full Name (Last, First, Middle Initial) RONALD KAUFMAN			Date of Receipt
	Mailing Address 203 ANNANDALE RD			03 23 2010
	City	State	Zip Code	Transaction ID: 31544176
	PASADENA	CA	91105-1407	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation REGION	on JAL CMO	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		050.00	1
	Other (specify)		250.00	
ſ	SUBTOTAL of Receipts This Page (optional)			1000.00
L	SUBTUTAL OF Necelpts This Page (optional)		······	

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one)   X   11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORA	<u> </u>		
Full Name (Last, First, Middle Initial) WILLIAM MASTERTON			Date of Receipt
Mailing Address 50 BISCAYNE DR	NW#6109		0 3 2 3 2 0 1 0
City ATLANTA	State GA	Zip Code 30309-1070	Transaction ID: 31544177  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer ATLANTA MEDICAL CENTER	Occupation	n	
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) JEFFREY KOURY			Date of Receipt
Mailing Address 42 BARNEBURG			03 31 2010
City DOVE CANYON	State CA	Zip Code 92679-4210	Transaction ID: PR1481203523483  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		76.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP AND	n REGIONAL CFO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) MICHAEL K BURTNETT			Date of Receipt
Mailing Address 3405 HOWELL ST	#9		0 3 3 1 2 0 1 0
City DALLAS	State TX	Zip Code 75204-2828	Transaction ID: PR1568624523483
FEC ID number of contributing federal political committee.	C	73204-2020	Amount of Each Receipt this Period 76.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP	n	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional	al)		402.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 31 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  TENET HEALTHCARE CORPORATION	e name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)			
THOMAS RICE  Mailing Address 15126 FERDINAND D	PR		Date of Receipt
City	State	Zip Code	0 3 3 1 2 0 1 0 Transaction ID: PR1592856023483
DALLAS	TX	75248-6437	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	102.10 0.10	76.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		266.00	P/R Deduction (\$38.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) ROBERT SMITH	ı		Date of Receipt
Mailing Address 5325 TATE AVE			03 31 7 2010
City	State	Zip Code	Transaction ID: PR1592857723483
PLANO	TX	75093-3433	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		80.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation SVP	n	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		280.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) RICKY JOHNSTON			Date of Receipt
Mailing Address 404 N.CHURCH ST			03 / 31 / 2010
City	State	Zip Code	Transaction ID: PR1592858223483
MCKINNEY	TX	75069	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		90.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 315.00	P/R Deduction (\$45.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)	•		246.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 31 (check only one)    X   11a
Α ο	ny information copied from such Reports and r for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)  TENET HEALTHCARE CORPORATI	ON POLITIC	AL ACTION COMMITTEE	
	Full Name (Last, First, Middle Initial) JAY MIRANDA			Date of Receipt
	Mailing Address 15871 SW 148 TERF	RACE		03 31 2010
	City MIAMI	State FL	Zip Code 33196-5701	Transaction ID: PR1734839223483  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer CORAL GABLES HOSPITAL	Occupatio	on	
	Receipt For:  Primary General		e Year-to-Date ▼	
	Other (specify)		280.00	P/R Deduction (\$40.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) DANIEL WALDMANN			Date of Receipt
	Mailing Address 2001 19TH STREET	NW #5		03 31 2010
	City	State	Zip Code	Transaction ID: PR1814798523483
	WASHINGTON	DC	20009-1346	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		176.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP	on	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		576.00	P/R Deduction (\$96.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) MARK P LISA			Date of Receipt
	Mailing Address 391 E MILGEO AVE			03 31 2010
	City	State	Zip Code	Transaction ID: PR2174141223483
	RIPON	CA	95366-2120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		76.00
	Name of Employer DOCTORS HOSPITAL OF MANTE- CA	Occupation CEO	on	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	D/D Doduction (#00.00 B)
	Other (specify)		266.00	P/R Deduction (\$38.00 Bi- Weekly)
Γ				332.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 31 (check only one)    X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  TENET HEALTHCARE CORPORATION	ON POLITIC	AL ACTION COMMITTEE	
	Full Name (Last, First, Middle Initial) PHILLIP SOWA			Date of Receipt
	Mailing Address 621 BIRDSALL ST  City	State	Zip Code	0 3 3 1 2 0 1 0  Transaction ID: PR2174298123483
	HOUSTON	TX	77007-5101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	770070101	76.00
	Name of Employer PARK PLAZA HOSPITAL	Occupatio CEO	n	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	266.00	P/R Deduction (\$38.00 Bi- Weekly)
. –	Full Name (Last, First, Middle Initial) ROBERT J CUNNAH	ı		Date of Receipt
	Mailing Address 163 VILLAGIO WEST			03 / 03 / 2010
	City	State	Zip Code	Transaction ID: PR2174361623483
	PALM SPRINGS	CA	92262-6395	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer DESERT REGIONAL MEDICAL CENTER	Occupatio CMO		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 350.00	P/R Deduction (\$50.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) DENNIS M LITOS			Date of Receipt
	Mailing Address 3204 GREENGATE D	R		03 / 031 / 2010
	City	State	Zip Code	Transaction ID: PR2174541523483
	MODESTO	CA	95355-8446	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.00
	Name of Employer DOCTORS MEDICAL CENTER-MO- DESTOR	Occupatio CEO		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional)	•		252.00

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/31   (check only one)     X
Any informati	on copied from such Reports and ercial purposes, other than using the	Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF	F COMMITTEE (In Full) HEALTHCARE CORPORATION		•	
	e (Last, First, Middle Initial)			Date of Receipt
Mailing Ad	ddress 272 ENCLAVES COU	JRT		03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City COPPEI	LL	State TX	Zip Code 75019-2125	Transaction ID: PR2174559923483 Amount of Each Receipt this Period
	umber of contributing litical committee.	C		192.00
Name of E TENET H ION	Employer IEALTHCARE CORPORAT-	Occupation SVP	n	
Receipt F		Aggregate	e Year-to-Date ▼ 672.00	P/R Deduction (\$96.00 Bi- Weekly)
Full Name	e (Last, First, Middle Initial)			Date of Receipt
Mailing Ad		03 31 2010		
City DALLAS	3	State TX	Zip Code 75220-6434	Transaction ID: PR2174563623483  Amount of Each Receipt this Period
	umber of contributing litical committee.	C		200.00
Name of E TENET H ION	Employer IEALTHCARE CORPORAT-	Occupation CHIEF F	n INANCIAL OFFICER	
Receipt Fe		Aggregate	e Year-to-Date ▼ 700.00	P/R Deduction (\$100.00 Bi- Weekly)
Full Name	e (Last, First, Middle Initial) FLOCKEN			Date of Receipt
	ddress 27 NEW DAWN			03 31 2010
City IRVINE		State CA	Zip Code 92620-1976	Transaction ID: PR2174567323483
FEC ID no	umber of contributing litical committee.	C	92020-1970	Amount of Each Receipt this Period 200.00
Name of E TENET H ION	Employer IEALTHCARE CORPORAT-	Occupation SVP	n	
Receipt For		Aggregate	e Year-to-Date ▼ 700.00	P/R Deduction (\$100.00 Bi- Weekly)
SURTOTAL	of Receipts This Page (optional).			592.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	fo	se separate schedule(s) r each category of the	FOR LINE NUMBER: PAGE 15/31 (check only one)
	De	etailed Summary Page	X   11a   11b   11c   12   15   16
ny information copied from such Reports and a r for commercial purposes, other than using the	Statements may not be name and address	pe sold or used by any perso of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  TENET HEALTHCARE CORPORATION	ON POLITICAL A	CTION COMMITTEE	
Full Name (Last, First, Middle Initial) SALLY A HURT-STEFFEN			Date of Receipt
Mailing Address 712 WALTHAM CT			0 3 3 1 2 0 1 0
City EL PASO		Zip Code 79922-2128	Transaction ID: PR2248480223483  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.00
Name of Employer SIERRA PROVIDENCE EASTSIDE HOSPITAL	Occupation CEO		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) MICHAEL BLACKBURN			Date of Receipt
Mailing Address 4141 16TH STREET I	NE		03
City HICKORY		Zip Code 28601-8408	Transaction ID: PR2369304323483  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		76.00
Name of Employer FRYE REGIONAL MEDICAL CEN- TER	Occupation CEO		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) JOHN SHORT			Date of Receipt
Mailing Address 3108 Clymer Drive			03 31 2010
City Plano		Zip Code 75025-5325	Transaction ID: PR2387796623483  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70020 0020	77.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP - PMI		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year	-to-Date ▼ 267.00	P/R Deduction (\$39.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional) .	1	_	229.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 31 (check only one)    X
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	TENET HEALTHCARE CORPORATION	ON POLITIC	AL ACTION COMMITTEE	
	Full Name (Last, First, Middle Initial) PAUL CASTANON			Date of Receipt
	Mailing Address 2101 Looscan lane			03 / 31 / 2010
	City Houston	State TX	Zip Code 77019-1507	Transaction ID: PR2398953023483  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	77013-1307	76.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio VP & Ass	n st. General Counsel	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) MR MICHAEL R HOLMES			Date of Receipt
	Mailing Address 531 EVERGREEN DF	03 31 YYYY 2010		
	City	State	Zip Code	Transaction ID: PR2440288723483
	MANDEVILLE	LA	70448-7574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.00
	Name of Employer DIAGNOSTIC IMAGING SERVIC- ES	Occupatio CEO	n	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 228.00	P/R Deduction (\$38.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) LEONARD ROSENFELD			Date of Receipt
	Mailing Address 7243 BAXTERSHIRE	DRIVE		03 31 2010
	City	State	Zip Code	Transaction ID: PR407201323483
	DALLAS	TX	75230-3170	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		76.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio VP	n	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			228.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/31 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any pe name and address of any political committee	rson for the purpose of soliciting contributions
TENET HEALTHCARE CORPORATION	ON POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) STEVE BROWN		Date of Receipt
Mailing Address 16 SARAH NASH CT		03 / 31 / 2010
City DALLAS	State Zip Code TX 75225-2072	Transaction ID: PR407210623483  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	380.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation EVP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1330.00	P/R Deduction (\$190.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) JOHN B MCDONALD		Date of Receipt
Mailing Address 2230 WARNER ROAD	03 31 7 2010	
City	State Zip Code	<b>Transaction ID:</b> PR407215823483
FORT WORTH  FEC ID number of contributing federal political committee.	TX 76110-1752	Amount of Each Receipt this Period 76.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) JOE D THOMASON		Date of Receipt
Mailing Address 4006 RAMSGATE CT		03 / 31 / 2010
City COLLEYVILLE	State Zip Code TX 76034-4473	Transaction ID: PR407222123483
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 76.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation CEO	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		532.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 31 (check only one)    X   11a
A 0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements mage name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  TENET HEALTHCARE CORPORATION	ON POLITIC	AL ACTION COMMITTEE	
	Full Name (Last, First, Middle Initial) ROBERT S HENDLER			Date of Receipt
	Mailing Address 11122 W RICKS CIR	CLE		03 / 31 / 2010
	City	State	Zip Code	Transaction ID: PR407222823483
	DALLAS FEC ID number of contributing	C	75230-3032	Amount of Each Receipt this Period  100.00
	federal political committee.			
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio REGION		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	P/R Deduction (\$50.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) MARK E PEACOCK			Date of Receipt
	Mailing Address 1120 CHESTERTON	0 3 3 1 2 0 1 0		
	City	State	Zip Code	Transaction ID: PR407226023483
	RICHARDSON	TX	75080-2919	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		6.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio VP	n	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		556.00	P/R Deduction (\$3.00 Bi-W-eekly)
	Full Name (Last, First, Middle Initial) GARY K RUFF			Date of Receipt
	Mailing Address 714 KENT CT			03 31 2010
	City	State	Zip Code	Transaction ID: PR407229223483
	SOUTHLAKE	TX	76092-8868	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		384.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio SVP & G	n ENERAL COUNSEL	
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		1344.00	P/R Deduction (\$192.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .			490.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 31 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORA	ATION POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) GARRY M OLNEY		Date of Receipt
Mailing Address 2708 ISLAND LED		03 / 31 / 2010
City <u>AUSTIN</u>	State Zip Code TX 78746-1982	Transaction ID: PR407234323483  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) JOHN QUINN		Date of Receipt
Mailing Address 1138 PINE VALLE	03 31 2010	
City GRIFFIN	State Zip Code GA 30224-4953	Transaction ID: PR407236023483  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	76.00
Name of Employer SPALDING REGIONAL HOSPITAL	Occupation CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) CHARLES MILLER		Date of Receipt
Mailing Address 747 MENDENHAL	L CT	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: PR407241423483
FORT MILL  FEC ID number of contributing federal political committee.	SC 29715-7852	Amount of Each Receipt this Period  57.00
Name of Employer PIEDMONT MEDICAL CENTER	Occupation MARKET CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 247.00	P/R Deduction (\$19.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (option	nal)	209.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 31 (check only one)    X
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  TENET HEALTHCARE CORPORA	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) JOHN F HOLLAND  Mailing Address 3610 EDGEWATEF	R STREET		Date of Receipt
City DALLAS	State TX	Zip Code 75205-4317	0 3 3 1 2 0 1 0  Transaction ID: PR407242923483  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Cooupatio		192.00
Name of Employer TENET HEALTHCARE CORPORAT- ION Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation SVP Aggregate	Year-to-Date ▼ 672.00	P/R Deduction (\$96.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) JAMES D DORIS  Mailing Address 264 IDLEWILDE LA	NE		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City SANFORD	State NC	Zip Code 27332-9304	Transaction ID: PR407244823483
FEC ID number of contributing federal political committee.	C	27002-3004	Amount of Each Receipt this Period  70.00
Name of Employer CENTRAL CAROLINA HOSPITAL	Occupation CEO		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 245.00	P/R Deduction (\$35.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) DAVID L ARCHER	l		Date of Receipt
Mailing Address 2594 HOCKSETT C	OVE		03 31 YYYYY 2010
City GERMANTOWN	State TN	Zip Code 38139-6655	Transaction ID: PR407250423483
FEC ID number of contributing federal political committee.	C	30139-0033	Amount of Each Receipt this Period  80.00
Name of Employer SAINT FRANCIS HOSPITAL	Occupation MARKET		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$40.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional	l)		342.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 31 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using	d Statements may not be sold or used by any personante name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION	TION POLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) STEPHEN L NEWMAN MD		Date of Receipt
Mailing Address 11034 TIBBS STRE		03 / 03 / 2010
City DALLAS	State Zip Code TX 75230-3450	Transaction ID: PR407257723483  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	384.00
Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation CHIEF OPERATING OFFICER	
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 1344.00	P/R Deduction (\$192.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) TERRY WHEELER		Date of Receipt
Mailing Address 13802 MAGNOLIA I	03 31 2010	
CVDDESS	State Zip Code TX 77429-8162	Transaction ID: PR407265623483
CYPRESS  FEC ID number of contributing federal political committee.	TX 77429-8162	Amount of Each Receipt this Period  70.00
Name of Employer CYPRESS FAIRBANKS MEDICAL CENTER	Occupation CEO	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  245.00	P/R Deduction (\$35.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) GARY L HONTS JR.		Date of Receipt
Mailing Address 1855 SILVERWING	S CT	03 31 2010
City	State Zip Code	Transaction ID: PR407266423483
MORGAN HILL  FEC ID number of contributing federal political committee.	CA 95037-9002	Amount of Each Receipt this Period  60.00
Name of Employer COMMUNITY HOSPITAL OF LOS GATOS	Occupation CEO	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$30.00 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional		514.00

	PULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 31 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for comr	ation copied from such Reports and S nercial purposes, other than using the OF COMMITTEE (In Full)	tatements mag name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
1 \	T HEALTHCARE CORPORATIO	ON POLITIC	AL ACTION COMMITTEE	
MICHEL	me (Last, First, Middle Initial) LE C MEYER Address - COO OF IMAGE TV CTAT	DILIEE		Date of Receipt
	Address 230 GRIMSLEY STAT			03 31 2010
City <u>SAINT</u>	LOUIS	State MO	Zip Code 63129-5030	Transaction ID: PR407268523483  Amount of Each Receipt this Period
	number of contributing political committee.	C		76.00
Name o DES PI	f Employer ERES HOSPITAL	Occupatio CEO	n	1
Receipt		,	e Year-to-Date ▼	_
	rimary	0 0	266.00	P/R Deduction (\$38.00 Bi- Weekly)
	me (Last, First, Middle Initial) C ARMIN			Date of Receipt
Mailing	Address 23510 BERDON STRE	03 31 YYYY 2010		
City	DI AND LIII I O	State	Zip Code	Transaction ID: PR407274123483
FEC ID	DLAND HILLS  number of contributing political committee.	CA	91367-3004	Amount of Each Receipt this Period  80.00
Name o TENET ION	f Employer HEALTHCARE CORPORAT-	Occupatio VP	n	
Receipt	For:	Aggregate	e Year-to-Date ▼	
	ther (specify)		280.00	P/R Deduction (\$40.00 Bi- Weekly)
	me (Last, First, Middle Initial)			Date of Receipt
Mailing	Address 3 TURTLE BAY DRIVE	Ī		03 31 2010
City		State	Zip Code	Transaction ID: PR407278123483
	PORT BEACH number of contributing	CA	92660-4266	Amount of Each Receipt this Period
	political committee.	C		76.00
	f Employer NTIA LINDA HOSPITAL	Occupatio CEO	n	
	For: rimary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi- Weekly)
CUPTOT	AL of Receipts This Page (optional)			232.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 31 (check only one)    X
7	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	TENET HEALTHCARE CORPORATION	ON POLITICA	AL ACTION COMMITTEE	
۸.	Full Name (Last, First, Middle Initial) CANDACE MARKWITH			Date of Receipt
	Mailing Address 980 ISABELLA WAY			03 / 31 / 2010
	City SAN LUIS OBISPO	State CA	Zip Code	Transaction ID: PR407280323483
	FEC ID number of contributing federal political committee.	C	93405-6186	Amount of Each Receipt this Period  76.00
	Name of Employer SIERRA VISTA REGIONAL MED- ICAL CENTER	Occupation CEO	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi- Weekly)
_ 3.	Full Name (Last, First, Middle Initial) RODNEY A REASONER			Date of Receipt
	Mailing Address 1960 MARY LEE LN			03 / 31 / 2010
	City	State	Zip Code	Transaction ID: PR407280923483
	ALLEN FEC ID number of contributing federal political committee.	C	75002-8528	Amount of Each Receipt this Period  76.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupation VP	n	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi- Weekly)
_ ).	Full Name (Last, First, Middle Initial) MICHELE M FINNEY			Date of Receipt
	Mailing Address 21521 TURTLEDOVE	STREET		03 31 YYYY 2010
	City	State	Zip Code	Transaction ID: PR407283923483
	TRABUCO CANYON  FEC ID number of contributing federal political committee.	CA	92679-3486	Amount of Each Receipt this Period  76.00
	Name of Employer LOS ALAMITOS MEDICAL CENT- ER	Occupation CEO	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi- Weekly)
	SUBTOTAL of Receipts This Page (optional) .	1		228.00

rmation copied from such Reports and Summercial purposes, other than using the IE OF COMMITTEE (In Full) IET HEALTHCARE CORPORATION  Name (Last, First, Middle Initial) WHEAT  INTERIOR Address 31855 DATE PALM D  THEDRAL CITY  ID number of contributing	e name and add	dress of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.  Date of Receipt
Name (Last, First, Middle Initial) WHEAT ng Address 31855 DATE PALM D	R#3	AL ACTION COMMITTEE	Date of Receipt
WHEAT ng Address 31855 DATE PALM D THEDRAL CITY			Date of Receipt
THEDRAL CITY			<del>_</del>
	State		03 31 2010
		Zip Code	Transaction ID: PR407288723483
ID number of contributing	CA	92234-3100	Amount of Each Receipt this Period
ral political committee.	C		76.00
e of Employer ERT RÉGIONAL MEDICAL ITER	Occupation COO	1	
eipt For:	Aggregate	Year-to-Date ▼	
Primary		266.00	P/R Deduction (\$38.00 Bi- Weekly)
Name (Last, First, Middle Initial)			Date of Receipt
ng Address 2425 BATTERING RC	03 31 7 2010		
ADI ETON	State	Zip Code	Transaction ID: PR413941923483
MPLETON	CA	93465-8371	Amount of Each Receipt this Period
ID number of contributing ral political committee.	C		76.00
e of Employer N CITIES COMMUNITY HOS- \L	Occupation CEO		
	Aggregate	Year-to-Date ▼	D/D D - 1 - 1' (\$20 00 D'
Other (specify) ▼		266.00	P/R Deduction (\$38.00 Bi- Weekly)
Name (Last, First, Middle Initial) NETH F SUTHERLAND			Date of Receipt
ng Address 102 WILMINGTON C	Т		03
	State	Zip Code	Transaction ID: PR839152223483
JTHLAKE	TX	76092-8492	Amount of Each Receipt this Period
ID number of contributing ral political committee.	C		76.00
e of Employer ET HEALTHCARE CORPORAT-	Occupation VP	1	
eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi- Weekly)
	1		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Jame (Last, First, Middle Initial) NETH F SUTHERLAND  IN Address 102 WILMINGTON C  JTHLAKE  ID number of contributing al political committee.  ID of Employer ET HEALTHCARE CORPORAT-  ipt For:  Primary General	Primary General Other (specify)   Jame (Last, First, Middle Initial) NETH F SUTHERLAND  Ng Address 102 WILMINGTON CT  State TX  JTHLAKE JD number of contributing al political committee.  Pe of Employer ET HEALTHCARE CORPORAT- ipt For: Primary General	Primary General Other (specify) ▼  266.00  Name (Last, First, Middle Initial) NETH F SUTHERLAND  Ng Address 102 WILMINGTON CT  State Zip Code TX 76092-8492  ID number of contributing al political committee.  Per of Employer ET HEALTHCARE CORPORAT- Inter For: Primary General  266.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 31 (check only one)    X
A 0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  TENET HEALTHCARE CORPORATION  TO THE PROPERTY OF	ON POLITIC	AL ACTION COMMITTEE	
. <u>/</u>	Full Name (Last, First, Middle Initial) AUDREY T ANDREWS	Date of Receipt		
	Mailing Address 702 PENFOLDS			03 / 31 / 2010
	City COPPELL	State TX	Zip Code 75019-4544	Transaction ID: PR840566923483  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	73013 4344	384.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio SVP	n	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1344.00	P/R Deduction (\$192.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) DREW P KAHN			Date of Receipt
	Mailing Address 16015 KEMPTON PA	RK		03 31 2010
	City	State	Zip Code	Transaction ID: PR840590423483
	SPRING	TX	77379-6730	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.00
	Name of Employer HOUSTON NW MEDICAL CENTER	Occupatio CEO	n	
	Receipt For:	_	e Year-to-Date <b>V</b>	
	Primary General Other (specify) ▼		266.00	P/R Deduction (\$38.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) DAVID W BORDOFSKE			Date of Receipt
	Mailing Address 5001 ASHLAND BELI	LE LANE		03 31 2010
	City	State	Zip Code	Transaction ID: PR840924623483
	FRISCO	TX	75035-7682	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer TENET HEALTHCARE CORPORAT- ION	Occupatio VP	_	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00	P/R Deduction (\$40.00 Bi- Weekly)
		1		540.00

	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 31 (check only one)    X
or for comme	ercial purposes, other than using the COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/ TENET	HEALTHCARE CORPORATION	ON POLITIC.	AL ACTION COMMITTEE	
. JOHN TIL				Date of Receipt
Mailing Ad	ddress 1221 WENTWOOD			03 31 2010
City IRVING		State TX	Zip Code 75061-4456	Transaction ID: PR842232423483  Amount of Each Receipt this Period
FEC ID n	umber of contributing litical committee.	C		125.00
Name of E TENET H ION	Employer IEALTHCARE CORPORAT-	Occupatio VP & AS	n ST GENERAL COUNSEL	
Receipt F	or: nary General er (specify) ▼	Aggregate	e Year-to-Date ▼ 375.00	P/R Deduction (\$75.00 Bi- Weekly)
	e (Last, First, Middle Initial) H JOHNSON			Date of Receipt
Mailing Ad	ddress 3302 MARSH LANE			03 31 2010
City		State	Zip Code	Transaction ID: PR842373123483
<u>GRAPE</u>	VINE	TX	76051-6828	Amount of Each Receipt this Period
	umber of contributing litical committee.	С		76.00
Name of E TENET F ION	Employer IEALTHCARE CORPORAT-	Occupatio VP	n	
	or: nary General er (specify) ♥	Aggregate	e Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi- Weekly)
Full Name	e (Last, First, Middle Initial) LINARES			Date of Receipt
Mailing Ad	ddress 7710 CENTER BAY D	R		03 31 2010
City	DAY//W.LAGE	State	Zip Code	Transaction ID: PR844477223483
FEC ID n	BAY VILLAGE umber of contributing litical committee.	FL C	33141-4019	Amount of Each Receipt this Period  76.00
Name of E	Employer SHORE MEDICAL CENTER	Occupatio CEO	n	
	or: nary General er (specify) ▼		e Year-to-Date ▼ 266.00	P/R Deduction (\$38.00 Bi- Weekly)
SUBTOTAL	of Receipts This Page (optional)	1	<b>_</b>	277.00

A.

В.

PAGE 27/31 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) PATRICIA L BRAINERD Date of Receipt Mailing Address 5412 GLENSHIRE DR 03 3 1 2010 Zip Code City State Transaction ID: PR844644423483 **PLANO** TX 75093-2800 Amount of Each Receipt this Period FEC ID number of contributing 100.00 C federal political committee. Name of Employer
TENET HEALTHCARE CORPORAT-Occupation SR DIR ION Receipt For: Aggregate Year-to-Date General Primary P/R Deduction (\$50.00 Bi-350.00 Other (specify) Weekly) Full Name (Last, First, Middle Initial) JAMES CLEMENTS Date of Receipt Mailing Address 3013 GOLF CREST LANE 0 3 3 1 2010 City State Zip Code Transaction ID: PR849790223483 WOODSTOCK GA 30189-8197 Amount of Each Receipt this Period FEC ID number of contributing C 76.00 federal political committee. Name of Employer SOUTH FULTON MEDICAL CENT-Occupation ASSOC ER Receipt For: Aggregate Year-to-Date Primary General P/R Deduction (\$38.00 Bi-

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	176.00
TOTAL This Period (last page this line number only)	<b>•</b>	15549.00

266.00

Weekly)

Other (specify)

SCHEDULE B (FEC FOIII 3X)	Use separate schedule(s)	OR LINE NUMBER: PAGE 28 / 31  check only one)
ITEMIZED DISBURSEMENTS	Detailed Summary Page	21b 22 X 23 24 25 27 28a 28b 28c 29
Any Information copied from such Reports and Sta or for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full)		
TENET HEALTHCARE CORPORATION	POLITICAL ACTION COMMITT	EE
Full Name (Last, First, Middle Initial) Pete Sessions for Congress		Transaction ID: 31426694 Date of Disbursement
Mailing Address P.O. Box 8230147		M 3 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Dallas	State Zip Code TX 75382	Amount of Each Disbursement this Period
Purpose of Disbursement	17 /3302	-2400.00
Void - Pete Sessions for Congress Candidate Name	01	
Pete Sessions	Cate Typ	
Senate President	rsement For: 2010  X Primary General  Other (specify) ▼	Void - Pete Sessions for Congress
State: TX District: 32  Full Name (Last, First, Middle Initial)		
Pete Sessions for Congress		Transaction ID: 31426702 Date of Disbursement
Mailing Address P.O. Box 8230147		03
City Dallas	State Zip Code TX 75382	Amount of Each Disbursement this Perio
Purpose of Disbursement 2010 General		2400.00
Candidate Name Pete Sessions	O1 Cate Ty	gory/
Office Sought:  X House Senate President State: TX District: 32	rsement For: 2010 Primary X General Other (specify)	2010 General
Full Name (Last, First, Middle Initial) Wasserman-Schultz For Congress		Transaction ID: 31490191 Date of Disbursement
Mailing Address 1071 Twin Branch Ln		03
City Weston	State Zip Code FL 33326	Amount of Each Disbursement this Perio
Purpose of Disbursement 2010 Primary	01	500.00
Candidate Name Rep. Debbie Wasserman-Schultz	Cate	gory/
Office Sought: X House Disbu Senate President	rsement For: 2010  X Primary General  Other (specify)	2010 Primary
State: FL District: 20		
		500.00

Any Info	ormation copies ommercial purp ME OF COMM NET HEALT I Name (Last, Fixe Crapo For illing Address pose of Disbur 10 Primary Indidate Name In. Mike Crapice Sought:	poses, other than using poses,	and Statemer ng the name a RATION PO St ID	for each of Detailed State Detailed	ss of any political	MMITTEE	Transaction ID: 31490194  Date of Disbursement  M M M D 1 9 Y Y Y O Y O Y O Y O O O O O O O O O O
or for co	ommercial purp ME OF COMM NET HEALT I Name (Last, For the Crapo For the	poses, other than using poses,	RATION PO  St ID	and address	ss of any political ACTION COM	MMITTEE	Transaction ID: 31490194 Date of Disbursement  M M M D 1 9 Y Y O Y O Y O Y O Y O Y O Y O Y O Y O
Full Mik Mail City Bois 2010 Can Ser Office State	ME OF COMM NET HEALT I Name (Last, Fixe Crapo For illing Address rise roose of Disbur 0 Primary ndidate Name n. Mike Crap ice Sought:	ITTEE (In Full) HCARE CORPOF First, Middle Initial) US Senate P.O. Box 1948  sement  House X Senate President	St ID	ate	ACTION COM	O11	Transaction ID: 31490194 Date of Disbursement  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mik Mail City Bois Purp 2011 Can Ser Office State	ke Crapo For illing Address / ise pose of Disbur 0 Primary ndidate Name n. Mike Crap ice Sought:	P.O. Box 1948  Sement  O  House X Senate President	Disbursem	)			Date of Disbursement  O 3 M / D 1 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mail City Bois Purp 2010 Can Ser Office State	iling Address  / ise  pose of Disbur 0 Primary ndidate Name n. Mike Crap ice Sought:	P.O. Box 1948  sement  O  House X Senate President	Disbursem	)			Amount of Each Disbursement this Period
Bois Purp 2011 Can Ser Office State	rpose of Disbur 10 Primary ndidate Name n. Mike Crap ice Sought:	O House X Senate President	Disbursem	)			
2010 Can Ser Office State	0 Primary ndidate Name n. Mike Crap ice Sought:	O House X Senate President					2000.00
Can Ser Office State	ndidate Name n. Mike Crap ice Sought: te: ID	House X Senate President					
State Full	te: ID	X Senate President				Category/ Type	
Full			1	ent For: Primary Other (spe	2010 General		2010 Primary
	izens For Alt	District:					Transaction ID: 31490195
Mail	iling Address	P.O. Box 1776					Date of Disbursement  0 3
City			St	ate	Zip Code		Amount of Each Disbursement this Perior
Fre	eedom pose of Disbur	sement	P	A	15042		1000.00
2010 Can	10 Primary ndidate Name p. Jason Altr					011 Category/ Type	
Offic	ice Sought:	X House Senate President District: 04	1	ent For: Primary Other (spe	2010 General	Туре	2010 Primary
	l Name (Last, F ends Of Sch	First, Middle Initial) umer	•				Transaction ID: 31490196 Date of Disbursement
Mail	iling Address	509 Madison A	ve Suite 190	02			03 7 19 7 2010
City Nev	/ w York			ate Y	Zip Code 10022		Amount of Each Disbursement this Perio
2010	pose of Disbur O Primary	sement				011	2000.00
	Candidate Name Sen. Charles Schumer			Category/ Type			
	ice Sought:	House X Senate President		ent For: Primary Other (spe	2010 General		2010 Primary
	te: NY	District:  ursements This Page					5000.00

City Sioux Falls	ts and Statements rusing the name and	may not address	s of any political	d by ar	mittee to s	22 X 23 28a 28b for the purpose of s	om such committee			
For commercial purposes, other than under the commercial purposes, other	DRATION POLIT	ICAL /	s of any political	comn	mittee to s	olicit contributions fr	om such committee			
NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPO  Full Name (Last, First, Middle Initial) Friends Of John Thune  Mailing Address 200 North Phi  City Sioux Falls	DRATION POLIT	ICAL /				1				
Full Name (Last, First, Middle Initial) Friends Of John Thune  Mailing Address 200 North Phi  City Sioux Falls	illips Avenue Ste		ACTION COM	ЛМІТ	TEE	T ID				
Friends Of John Thune  Mailing Address 200 North Phi  City Sioux Falls		L101				T				
Mailing Address 200 North Phi City Sioux Falls		L101								
City Sioux Falls		L101	Mailing Address 200 North Phillips Avenue Ste L101							
Sioux Falls	State									
	SD		Zip Code 57104			Amount of Each	Disbursement this Period			
Purpose of Disbursement	<u> </u>		37104			+	2500.00			
2010 Primary Candidate Name					011					
Sen. John Thune					tegory/ Γype					
Office Sought: House X Senate	Disbursement X Prim		2010 General			2010 Primary				
President		er (spec								
State: SD District:  Full Name (Last, First, Middle Initial)										
Nelson 2012						Transaction ID  Date of Disburs				
Mailing Address PO Box 8666	<u> </u>					03 / 1	9 2010			
City Omaha	State NE		Zip Code 68108			Amount of Each	Disbursement this Period			
Purpose of Disbursement 2012 Primary					011	<u> </u>	2000.00			
Candidate Name Ben Nelson				Cat	tegory/ Type					
Office Sought: House X Senate	Disbursement X Prim	ary	2012 General			2012 Primary				
State: NE District:	Othe	r (spec	eify) 🔻							
Full Name (Last, First, Middle Initial) Udall For Colorado						Transaction ID Date of Disburs				
Mailing Address PO Box 40158							1 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Denver	State CO		Zip Code 80204			Amount of Each	Disbursement this Period			
Purpose of Disbursement 2014 Primary					011	L	1000.00			
Candidate Name Sen. Mark Udall			Cat	tegory/ Type						
Office Sought:  House  X Senate  President	Disbursement  X Prim Othe	-	2014 General			2014 Primary				
State: CO District:		, 1,								
SUBTOTAL of Disbursements This Pa	ge (optional)				<b>&gt;</b>		5500.00			
TOTAL This Period (last page this line	number only)				•					

	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			PAGE 31/31	
	ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	y one) 22 X 23 24 2 28a 28b 28c	25 26 29 30b	
	Any Information copied from such Reports and Statem or for commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full) TENET HEALTHCARE CORPORATION P	OLITICAL ACTION COM	MMITTEE			
A.	Full Name (Last, First, Middle Initial) Richard Burr Committee; The			Transaction ID: 3149020 Date of Disbursement		
	Mailing Address Post Office Box 5928		03 19 7 2010			
	,	State Zip Code NC 27113		Amount of Each Disburseme		
	Purpose of Disbursement 2010 Primary	011	1	000.00		
	Candidate Name Sen. Richard Burr		Category/ Type			
	• 🗎 –	ment For: 2010 Primary General Other (specify)		2010 Primary		
	State: NC District:					
В.	Full Name (Last, First, Middle Initial) Bob Etheridge for Congress Committee	Transaction ID: 31490202 Date of Disbursement				
	Mailing Address P.O. Box 28001		03			
		State Zip Code NC 27611		Amount of Each Disburseme		
	Purpose of Disbursement 2010 Primary		011		250.00	
	Candidate Name Bob Etheridge		Category/ Type			
		ement For: 2010 Primary General Other (specify)		2010 Primary		

SUBTOTAL of Disbursements This Page (optional)	•	1250.00
TOTAL This Period (last page this line number only)	<b>•</b>	12250.00

State: NC

District: 02